



## HIPAA Corner. . . .

### More About Protected Health Information...

#### De-identified Protected Health Information

ADHS/DBHS may use Protected Health Information to create information that is not individually identifiable for its own use or for disclosure to a business associate. If individually identifiable health information is "de-identified", it is no longer treated as Protected Health Information. Disclosure of a code or other means of record identification designed to enable coded or otherwise de-identified information to be re-identified constitutes disclosure of Protected Health Information. ADHS/DBHS may assign a code or other means of record identification to allow de-identified information to be re-identified by ADHS/DBHS provided that:

- a. The code or other means of record identification is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual;
- b. ADHS/DBHS does not use or disclose the code or other means of record identification for any other purpose, and does not disclose the mechanism for re-identification; and
- c. If de-identified information is re-identified, ADHS/DBHS may use or disclose such re-identified information subject to the requirements for uses and disclosures of Protected Health Information.

**De-Identified Information** means health information that does not identify an enrolled person and with respect to which there is no reasonable basis to believe that the information can be used to identify the enrolled person. Health information may be considered not to be individually identifiable in the following circumstances:

- a. A person with appropriate knowledge and experience with generally acceptable statistical and scientific principles and methods determines that the risk is very small that the information could be used, alone or with other reasonably available information, to identify the enrolled person who is the subject of the information;

or

- b. The following identifiers of the enrolled person (and relatives, employers or household members) have been removed:
  - Names;
  - Information relating to the enrolled person's geographic subdivision;
  - Age;
  - Telephone numbers;
  - Fax numbers;
  - Email addresses;
  - Social Security Numbers;

- Medical record numbers;
- Health plan beneficiary numbers;
- Account numbers;
- Certificate or license numbers;
- Vehicle identifiers and serial numbers, including license plate numbers;
- Device identifiers and serial numbers;
- Web Universal Resource Locators (URLs);
- Internet Protocol (IP) address numbers;
- Biometric identifiers;
- Full face photographic images; and,
- Any other unique identifying number, characteristic or code

**New 800 Line Installed !!! !!!**

### Fraud and Abuse Reporting Protocol

DBHS would like to remind all T/RBHA and provider staff's that any allegations of fraud, waste, or abuse must be referred to the Compliance Officer immediately upon discovery. DBHS will determine the next course of action for any referred cases. It is also imperative all RBHA employee's, providers, and members, know how and where to report suspicious activity.

In addition to reporting fraud at the RBHA level, anyone who wishes to report a possible incident of fraud, waste, and/or abuse may do so anonymously by calling Stacy K. Mobbs, DBHS Compliance Officer, at (602) 364-4708, *toll free* at 1 (866) 569-4927, or by e-mail at [smobbs@hs.state.az.us](mailto:smobbs@hs.state.az.us).

If you prefer, you may write to us at:

Stacy K. Mobbs, Compliance Officer  
Arizona Department of Health Services/BHS  
150 N. 18<sup>th</sup> Avenue, 2<sup>nd</sup> Floor  
Phoenix, Arizona 85007

### Intake Insertion Now Possible



This new process will allow the T/RBHAs to enter intakes with dates before an existing CIS intake or between two existing CIS intakes. Questions regarding this process should be directed to:

Ruth Bateman  
Phone: (602) 364-4728  
Fax: (602) 364-4737  
Email: [rbatema@hs.state.az.us](mailto:rbatema@hs.state.az.us)

## Edit Alerts



An Edit Alert is a faxed and e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure any system enhancements or changes are communicated to all program participants in an accurate and reliable manner. Edit Alerts will be distributed when the information is first made available and again with the following monthly publication of the Encounter Tidbits.

## Pre-Processor Edit Description Change

Under HIPAA we are setting a flag based on the presence or absence of a Medicare COB loop in the 837 and it was necessary to change the error description for edits N155 and N156. The functions of the edits have not been changed; only the descriptions have been updated.

### Old Description

N155 – “Medicare amounts are blank but client covered under Medicare”.

N156 – “Medicare amounts are numeric but client not covered under Medicare.”

### New Description

N155 – “Medicare COB missing but client covered under Medicare.”

N156 – “Medicare COB resent but client not covered under Medicare.”

## Intake Edits on the Horizon

The new Program Support intake edits are being coded at this time and will replace most of the existing preprocessor edits, facilitating cleaner intakes with fewer duplicate client IDs generated. The new edits have an expected implementation date of March 1, 2004.

The new edits will require client IDs submitted on every intake *unless* the intake is for a new client ***not previously enrolled*** with any T/RBHA. AHCCCS IDs will also be required if the client has had a prior enrollment within the AHCCCS system. If the client has previously submitted their SSN to either AHCCCS or ADHS/DBHS, it will be required for any subsequent enrollments into the Behavioral Health System.

## AHCCCS Encounters Error Codes

### Z575 – Date of Service Already Billed on an Outpatient from Different Health Plan

Generally, this is a result of two encounters for one service submitted by two plans. Contact the other plan to determine if there are overlaps in dates of service; and who should have paid for the service or how much of the service. If you need further assistance, contact your technical assistant.

### U225 – Sum of Line Charges Not = Total Charges Billed

On the UB-92 billing forms, the revenue codes do not match the total line submitted. Correct the sums and resubmit the form. If you need further assistance, contact your technical assistant.



**These two errors account for 61.36% of the pended encounters at AHCCCS.**

# Edit Failure Research

The Office of Program Support staff continue to receive incomplete requests to research encounters failing for any CIS pre-processor errors. To prevent further delay in resolution, please do not contact ITS personnel. This information ***must be provided*** to expedite resolution to the problem.

- Edit Number
- ICN (minimum of 5)
- Dates of Service
- Provider Id
- Date the file was sent to ADHS/DBHS for processing
- Procedure/Revenue Code

Failure to provide the correct information will result in a delay and may cause a loss to your programs. The RBHA should send the request to the appropriate Encounter Representative for research. Your assigned Technical Assistant will report to the RBHA its findings via email, fax, or telephone.

Stacy Mobbs	Gila River Navajo Nation Pascua Yaqui	(602) 364-4708
Michael Carter	NARBHA PGBHA	(602) 364-4710
Eunice Argusta	CPSA-3 CPSA-5	(602) 364-4711
Javier Higuera	Excel Value Options	(602) 364-4712

## User Access Request Forms



The Office of Program Support Services must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution System, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form and User Affirmation Statement to Stacy Mobbs at (602) 364-4736. For questions, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at smobbs@hs.state.az.us.



## Important Reminders . . .

### Data Validation Study CY19

All of the challenges have been received from the RBHAs and have been reviewed by ADHS. Each RBHA was notified of the errors included in the challenge to AHCCCS. AHCCCS will review the documentation, making determinations in the next 30-60 days. The final report will be returned to ADHS/DBHS, the results and sanction amounts will be forwarded to each RBHA.

### AHCCCS Pended Encounters

AHCCCS initially targeted February 2004 to begin processing new encounters again; however, they are now targeting March 2004. Since November 2003, they have only been processing "recycled" pended encounters (records that have not been changed online or processed in the Deletion/Override file).

### Encounters with Multiple Client IDs Cleanup

Encounters that have been adjusted using a different Client ID than the one submitted on the original encounter need to be researched and cleaned up by 03/31/2004 to ensure that the proper Client ID is associated with each encounter. Data files were provided to the RBHAs on 11/12/03.

### HIPAA Changes

ADHS Information Technology Services has announced that changes to HIPAA are scheduled for publication in February 2004.

### Corporate Compliance, Why Comply?

The Civil Monetary Penalties Law 42 USC § 1320a-7a, specific to Health Care fraud, waste, and/or abuse, provides for civil penalties of **up to \$50,000** for each act plus triple the damages sustained by the government:

1. Knowingly present or cause to be presented to the government a claim for an item or service that the claimant knows or should know:
  - a. Was provided by a person or entity excluded from participation
  - b. Was false or fraudulent
  - c. Was not provided as claimed
  - d. Was provided by an ineligible physician
  - e. Was for an item or service which was not medically necessary
  - f. Knowingly pay a physician to reduce or limit services
2. Intent – knowingly

### Important Definition for Corporate Compliance

Federal health care program means any plan or program providing healthcare benefits, whether directly through insurance or otherwise, that is funded directly, in whole or part, by the United States Government (other than the Federal Employees Health Benefits Program), or any State health care program as defined in this section beneficiaries within a defined service area (42 CFR § 1001.2).



## Billing Questions...

### Additional Clarification on the Provision and Billing of Crisis Intervention Services

The following clarification is provided regarding crisis intervention services:

- Crisis intervention/stabilization services must be provided by a Level I licensed facility, which may include a Level I Hospital, Level I Subacute Facility, or Level I Crisis Services Provider. If a person receives intervention/stabilization services at a Level I Facility for less than 5 hours, the provider would bill S9484. For services lasting for 5 hours through the 23<sup>rd</sup> hour, bill S9485 is appropriate. Individuals providing these services must be behavioral health professionals, behavioral health technicians or behavioral health para-professionals as defined by A.A.C. R9-20. If a person is subsequently admitted to the Level I Facility during the same 23-hour segment of time, the per diem Level I rate and code for the inpatient or subacute facility must be billed. S9484 or S9485 and an inpatient hospital per diem or inpatient subacute per diem code cannot be billed on the same date of service for the same client by the same provider.
- Crisis intervention – mobile teams or individuals may travel to the place where the person is having the crisis to provide services. This could include an outpatient clinic's mobile team sent to address a crisis in another clinic not having the capacity to address the crisis.
- When the person who receives a crisis intervention service is a non-registered person, the provider may bill using the applicable pseudo-ID numbers only when billing crisis intervention mobile or stabilization service codes (S9484, S9485, and H2011 with/without modifier HT) and/or case management codes (T1016 with modifier HO or HN). Whenever possible, providers should try to enroll these individuals at first contact.

#### Procedure

H2011 Crisis intervention service, per 15 minutes

S9484 Crisis intervention mental health service, per hour

S9485 Crisis intervention mental health services, per diem

#### Modifiers

HN Bachelor degree level/ambulatory hospital 2 skilled nursing facility

HO Masters degree level

HT Multi-disciplinary team



February 16, 2004 is President's Day and we will be closed for business.